

### TBI Waiver Service Limits

Service Name	Code	Unit	Rate \$	Annual Service Limit-Units
Case Management	T1016UB	15 min	8.50	192
Cognitive Rehabilitation Therapy	97532 UB	15 min	17.43	192
Transportation	A0160 UB	mile	0.47	NA
Personal Attendant	S5125 UB	15 min	3.75	Within Member's individualized budget
Participant- Directed Goods and Services	T2028 UB	\$1.00	1.00	1,000

\*All services, when combined must be within the member's individualized budget.